PATENT APPLICATION FEE DETERMINATION RECOR	PATENT	APPLICA	TION FEE	DETERMINA	ATION	RECOR
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Effective October 1, 2000																	
CLAIMS AS FILED - PART I (Column 1) (Column 2								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY						
TOTAL CLAIMS		18		*		Γ	RATE	FEE		RATE	FE	E					
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710	.00					
TOTAL CHARGEABLE CLAIMS		18 minus 20=		* 0		Ì	X\$ 9≐		OR	X\$18=							
INDEPENDENT CLAIMS			<b>9</b> mi	nus 3 =	. 9							X40=			X80=		
MULTIPLE DEPENDENT CLAIM PRESENT									OR								
* If the difference in column 1 is less than zero, enter					- 407 :	-1		+135=		OR	+270=						
" It						olumn 2		TOTAL		OR		710					
	C	LAIMS AS A	MENDE			· · · · · · · · · · · · · · · · · · ·		SMALL E	AITITY	OR	OTHER SMALL I		1				
-	*	(Column 1)			mn 2) HEST	(Column 3)	1 6	SWALL		Un I	SWALL !						
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE				
PM	Total	- 18	Minus	2	٥	= (K		X\$ 9=		OR	X\$18=						
ME	Independent	• 3	Minus	***	3	=		X40=		OR	X80=	П					
<b>Q</b>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	. 105			+270=						
						ı	+135= TOTAL		OR	TOTAL							
		10.00						ADDIT. FEE		OR	ADDIT. FEE						
		(Column 1)			ımn 2)	(Column 3)	١,		· · · · · · · · · · · · · · · · · · ·								
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- NAL EE				
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
ME	Independent	*	Minus	***	=			X40=		OR	X80=						
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		J	+135=		1							
								+135=		OR	TOTAL						
								ADDIT. FEE		OR	ADDIT. FEE	<u></u>					
_	areken .	(Column 1)			umn 2)	(Column 3)	1										
ENT C		CLAIMS REMAINING AFTER AMENDMENT.		NUI PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIC	ODI- ONAL EEE				
AMENDMENT C	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=						
	Independent	*	Minus	***		=		X40=		OR	V00						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								10H		+						
A 16 th and a 1 th a 16 th and the state of a solver O contact 60% in a large O									OR								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."																	
**	"If the "Highest Ni	umber Previously I	Paid For IN IF	11S SPACE	= IS IOSS TO	an 3, enter "3."					•						

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number**